

<b>Case Number:</b>	CM13-0066614		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/10/2004
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 55 year old female who was injured on 10/10/2004 while she was moving a refrigerator. She experienced a pull in her lower back and left shoulder. Prior treatment history has included 4 sessions physical therapy sessions. The patient underwent L5-S1 posterior spinal fusion along intertransverse and interfacet region on 11/04/2012. Diagnostic studies reviewed include MRI of the cervical spine performed on 10/08/2013 reveals C3-C7 show spinal stenosis with compromise of the spinal canal and flattening disc levels. There is bilateral neural foraminal stenosis at C6-C7 levels and left-sided neural foraminal stenosis at C5-C6. X-ray of the lumbar spine dated 12/18/2012 demonstrates status post posterior fusion at the L5-S1 level and metallic prosthesis in place. There is evidence of moderate hypertrophic change of the lumbar spine without evidence of fracture or destructive change identified. Physical therapy follow-up report dated 02/25/2011 reports the patient has been inhibited by a recent onset of COPD, for which she was hospitalized for over a week. She reports some slight decreased pain in the postop lumbar spine from an 8 down to a 7 on VAS scale. Unfortunately, she continues to have numbness and tingling radiating down both lower extremities to about the level of the knee. The patient also has received lumbar epidural steroid injection twice. Neurological evaluation and authorization request report dated 10/10/2004 reports the patient has continued severe dysfunctional cervical pain, headaches, and arm radiculopathies. Symptoms have worsened since her last visit. She also ran out of pain medication and this has obviously exacerbated the situation. Objective findings on exam reveals decreased range of motion in the neck with 15 degrees extension; 3 fingerbreaths from the chest, and flexion is to 25 degrees lateral rotation. Her strength examination is -5/5 bilateral deltoids; biceps; and triceps. Her grip strength is 5/5 on the right and positive 4/5 on the left. Her anterior osseous muscles are -5/5 bilaterally. Her opponens pollicis longus muscles are 4/5 on the right and -4/5 on the left. Sensation is

diminisehd to a C5, C6 and C7 dermatomal distributions, left worse than right. Reflexes are trace throughout. Diagnoses are 1) C3-C7 cervical disc herniation with neural foramiosis bilaterally and nerve compression as well as central canal stenosis 2) Spinal cord injury and myomalasia and 3) Lumbar disc herniations. The patient has undergone extensive care for her problem including physical therapy, core muscle strengthening, medication management, behavioral modification and injectional therapies. The patient had failed all these modalities to control her symptomologies. The patient is a strong surgical candidate for cervical spine at this time. There is a request for an authorization for C3-C7 anterior cervival discectomy and fusion. PR2 dated 11/11/2013 documented the patient to have complaints of low back pain with an intensity of 8/10 down to the bilateral feet, right more than left, radiculopathy. Objective findings on exam reveals tenderness to palpation in the lumbosacral musculature with muscle spasm. There is decreased range of motion and painful range of motion. The patient is diagnosed with L4-L5 disc herniation; significant disc change; bilateral foraminal stenosis, left more than right. The patient is instructed to continue pain medications, continue HEP, and bone stimulator. She is to start aquatic therapy twice a week for 6 weeks for the lumbosacral spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **ANTERIOR/POSTERIOR CERVICAL FUSION AT C3-C7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Fusion, Anterior Cervical, Posterior Cervical.

**Decision rationale:** The CA MTUS guidelines do not specifically address the issue in dispute and hence ODG have been consulted. According to the ODG, anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications, although current evidence is conflicting about the benefit of fusion in general. Posterior cervical fusion is under study. A posterior fusion and stabilization procedure is often used to treat cervical instability secondary to traumatic injury, rheumatoid arthritis, ankylosing spondylitis, neoplastic disease, infections, and previous laminectomy, and in cases where there has been insufficient anterior stabilization. The medical records document that the patient was diagnosed with C3 through C7 disc herniations with foraminal stenosis bilaterally. The patient has been treated with conservative care including pain medication and several sessions of physical therapy. As per the guidelines, the posterior fusion of cervical spine is recommended in cases of cervical instability, secondary to traumatic injury, rheumatoid arthritis, ankylosing spondylitis, neoplastic disease, infections, and previous laminectomy, and in cases where there has been insufficient anterior stabilization. Since this patient is not having any of the above mentioned conditions, the surgical intervention of anterior/posterior cervical spine fusion is not medically necessary according to the guidelines.

#### **OUTPATIENT LUMBAR (ESI) AT L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** According to the CA MTUS guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The medical records document the patient was diagnosed with C3 through C7 disc herniations with foraminal stenosis bilaterally, status post L5-S1 posterior spinal fusion, and lumbar disc herniations at L4-L5. The patient had received ESIs twice unknown dated. In the absence of documented improvement of pain and function on prior injections, the request is not medically necessary.